

**PSYCHOLOGY POSTDOCTORAL RESIDENCY TRAINING PROGRAM
VA St. Louis Health Care System
St. Louis, Missouri
2016 - 2017**



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**Accredited by the
American Psychological Association**
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Expected Start Date: July 25, 2016*

***may be negotiable depending on individual circumstances**

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FOREWARD

The VA St. Louis Health Care System has offered psychology training since the late 1950's. Our psychology internship program earned accreditation by the American Psychological

Association (APA) in 1980 and has grown through the years to our current structure of 5 general internship positions and 1 neuropsychology track position. We began our postdoctoral training program in 2008 with 1-year programs in the emphasis areas of **Psychosocial Recovery (PRRC/MHICM)**, **Posttraumatic Stress Disorder (PTSD)**, and **Primary Care Mental Health Integration (PCMHI)**, as well as our 2-year specialization in **Neuropsychology**. The traditional clinical psychology positions (PRRC/MHICM, PTSD, PCMHI) are designed to emphasize advanced, evidence-based clinical training in frontier areas of psychology service delivery, while our Neuropsychology residency is designed to meet specific specialization. Each of our first four residency positions earned accreditation following our APA site visit in March 2013 (next review is 2020). We are pleased to report that on November 19, 2014 the VA's Office of Academic Affiliation awarded additional funds with special emphasis on interprofessional training to create a second Neuropsychology residency position.

Thank you for your interest in our psychology training program at the VA St. Louis Health Care System. We know you are carefully scouring the details of specific programs you have identified as matching your training interests and we understand the importance of seeking placements that will offer the best personal and professional returns for the investment of your time and resources. As you sort through all these details, **we would like to offer a few highlights of what you can expect from our postdoctoral residency programs.**

- You can expect mentoring and supervision from incredibly talented and skilled practitioners who are enthusiastically committed to your training and growth.
- You can expect a training structure that equally supports and challenges your progressive development over the course of residency.
- You can expect to find a training environment that equally recognizes and values the contributions our residents bring to us in the form of diverse and informed perspectives.

For the training year 2016-2017, our targeted start date will be **July 25, 2016**. Our program may accommodate later start dates for those applicants still finishing their internship at the time of our targeted start date.

If you have questions about our program please contact me by e-mail at Martina.Ritchhart@va.gov or by phone at (800) 228-5459, ext. 6-6653 or ext. 5-1411.

Sincerely,

Dr. Martina Ritchhart & St. Louis Psychology Training Committee

Questions regarding program status should be directed to the Commission on Accreditation:
Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

I. PSYCHOLOGY WITHIN THE VA ST. LOUIS HEALTH CARE SYSTEM

The Department of Veterans Affairs reorganized its VA Medical Centers into regional hospital networks or Veterans Integrated Service Networks (VISNs) during the mid-1990s. The VA St. Louis Health Care System is part of VISN 15, The Heartland VISN, and is comprised of 2 main hospital campuses (John Cochran and Jefferson Barracks), the Hope Recovery Center (which houses 3 mental health programs), 3 primary care annex facilities, and 4 Community Outpatient Based Clinics (CBOCs) located in both Missouri and Illinois. Psychology services are offered throughout the hospital under different service departments such as Mental Health, Primary Care, Spinal Cord Injury, and Extended Care. We provide care to more than 8,000 veterans each year under the leadership of our Associate Chief of Staff (ACOS) for Mental Health Services, and our fellow psychologist, Dr. Fred Metzger. The Psychology Training Program operates under the administrative oversight of the Psychology Training Council and the Training Director.

In accordance with the overall mission of the Veterans Health Administration (VHA), psychology training (as well as other associated health and medical programs) is to be conducted within an integrated service delivery model. Training is designed not only to improve the health of our veterans but also to ensure an active and competent workforce of health professionals able to support the Department of Defense (DoD) and Federal Emergency Management Agency (FEMA) in times of local or regional disaster.

Psychologists at the VA St. Louis Health Care System engage in a wide variety of clinical, teaching, and administrative activities and have considerable autonomy in their professional endeavors. The number of psychologists and the diverse areas in which we practice have undergone a rapid expansion in the last few years. We have over 40 doctoral level psychologists on site operating in a variety of areas within mental health and integrated into medical clinics. The doctoral supervisory staff is highly qualified and experienced, and all are licensed as psychologists. Various staff members have part-time private practices, are affiliated with local universities/medical schools, conduct research, and are active in community and national professional organizations. Some of our psychologists are engaged in research activities, and this is an area of anticipated growth in the future.

II. PSYCHOLOGY TRAINING

Our program has run continuously since its inception with the full support of VA administration and leadership. We receive VA funding to host 6 full-time psychology interns and 5 psychology residents. We also regularly offer unpaid practica rotations to students from APA-accredited psychology graduate programs with which we hold affiliation agreements.

Psychology residents within each of the emphasis areas begin their training year by collaborating with their primary supervisors to identify specific clinical areas for growth and to set personal goals for training, resulting in the collaborative development of a learning agreement which guides the resident's training experiences. These documents explicate training objectives, experiences, and expectations for training fidelity while also meeting the State of Missouri's licensure requirements for post-degree resident supervision. A review of license activity from our residency classes since 2008 shows they each have obtained licensure at the earliest date at which they were eligible. A review of our staff biographical vignettes at the conclusion of this brochure reveals we have a large number of staff who trained within this very VA! We believe this reflects the rigor and excellence of our training curriculum, the

rewarding nature of the professional psychology careers within our health care system, and the collegiality of the psychologists serving together at our VA.

To maintain quality and fidelity to excellence in training, our program routinely collects training data through comprehensive quarterly training evaluations as well as end-of-year (proximal) evaluations measuring elements of the training environment, clinical and professional development, and quality of the professional supervision received. We host 2 town-hall meetings with all trainees and supervisors over the course of the year in our Psychology Service Meetings. This structure allows for information sharing and collaborative problem solving in real-time, as opposed to a process of delayed solicitation and delayed action. Additionally, we survey our trainees and staff each spring using an online anonymous format designed to elicit their honest feedback and recommendations regarding elements of our training program. This information is used in the Training Council's annual strategic planning session to continue quality improvements. Overall, our formal program outcome data has consistently reflected positive evaluations from our interns and residents.

III. THE PSYCHOLOGY RESIDENCY PROGRAM

A. Mission Statement: The objective of the VA St. Louis Health Care System Postdoctoral Fellowship Program is to produce skilled, well-rounded, ethical, licensure-ready clinicians capable of the independent practice of psychology. We use a developmentally-based, mentorship model which emphasizes flexible application of self-directed learning in the Scholar-Practitioner tradition. Upon successful completion of training, all fellows will have met the postdoctoral supervised experience requirements for licensure in the state of Missouri and most other states. They will also demonstrate:

- Advanced competence in the provision of specialized psychological services to the VA patient population from their area of clinical training focus (e.g., PTSD, Neuropsychology, PCMH, Recovery Services)
- Advanced competence in the use of assessment tools and technique
- Facility in Evidenced-Based Treatments
- Competence in the provision of clinical supervision
- Competence in scholarship including conducting a performance improvement/quality management project, clinical or program evaluation research, contribution to the professional literature, or comparable scholarly work
- Exposure to/appreciation of the role of cultural diversity and multicultural competence in clinical practice

The core curriculum of the program will vary slightly depending on the specific area of training as outlined below. However, each residency position is designed to meet licensure in the state of Missouri and as such, will necessarily include didactic, interdisciplinary treatment team participation, and other professional activities as outlined in the Missouri State Committee of Psychologists Practice Act and Rules available at www.pr.mo.gov/psychologists.asp. Accordingly, while the majority of each resident's primary learning experience will involve intensive clinical exposure to the specialty area of their choice, they will also be engaged in other learning activities which are specifically outlined in each area of training section below.

We currently have 5 funded resident positions. Each residency position is designed as a full-time (40hours/wk), 12 month (2080 hour) training experience with the exception of the Neuropsychology residencies which are 2 year appointments, with the proviso that the second

year appointment is contingent upon satisfactory completion of the first year. The two year residency schedule is designed to form the basis for pursuing board certification for Neuropsychology. Residents are expected to complete the entire training commitment in their area of specialty training.

B. Areas of Clinical Training:

1. Posttraumatic Stress Disorder (1 FTEE position)

The PTSD residency provides a one-year intensive training experience in clinical psychology with an emphasis on diagnosis, treatment and consultation with a military combat-related PTSD patient population.

Clinical Service Overview: The VA St. Louis Health Care System is the only VA in the nation that has 2 Posttraumatic Stress Disorder Clinical Teams (PCT). PTSD Team 2 serves our returning Veterans from Afghanistan and Iraq (OEF/OIF/OND), and PTSD Team 1 serves Veterans from all previous conflicts. Both PCTs are fully functional multidisciplinary teams, with services offered by psychologists, psychiatrists, social workers, and nursing staff. Staffs on both teams are certified in various evidence based treatments including CPT, PE, CBT for Insomnia, ACT, MI, CBT, and Problem Solving Therapy.

PCT 1 (World War II – 2000)

PTSD Team 1 treats veterans with PTSD stemming from conflicts ranging from WWII through 2000. There is an emphasis on Vietnam Veterans, though veterans from others conflicts, such as Desert Storm, are increasingly seeking services. The clinic has approximately 1500+ PTSD patients enrolled in active care and receives a steady stream of new patients providing opportunity for evaluation/assessment and treatment planning. The clinic model offers a range of treatment options but is primarily group therapy-driven and offers a wide variety of therapy modalities. There are two tracks of group treatment; long-term process groups and time-limited evidence based therapy groups. Examples of current group offerings include an Intro to PTSD Class (for new patients), multiple Vietnam Trauma Process Groups, Seeking Safety, Cognitive Processing Therapy, ACT for Combat PTSD, as well as more symptom focused groups, such as hyperarousal/anger, comorbid depression, and sleep/nightmare related to combat PTSD.

PCT 2 (Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn)

PTSD Team 2 was created to provide an evidenced-based continuum of mental health care to veterans from OEF/OIF/OND with combat-related PTSD and associated injuries and/or adjustment problems. This team works closely with adjacent resources such as Primary Care Mental Health Integration, the Level 2 Polytrauma/TBI Team, Inpatient Mental Health, the Women's Clinic, Veteran's Justice Outreach, and multiple internal and external liaison services/resources dedicated to triaging the care needs for veterans of current military operations. Following independent research conducted into OEF/OIF/OND Veterans' preferences for treatment, this program strongly emphasizes evidence based individual psychotherapy for PTSD. Psychologists in PTSD 2 trained with Dr. Resick at the Center for Trauma Recovery as CPT was being developed and adapted to military trauma, and PTSD 2 therapists are certified in CPT, PE, CBT-I, ACT, MI, and Problem Solving Therapy.

Resident Experiences: Residents will participate in a training program of approximately 70% clinical service, 10% research/performance improvement/program evaluation, 10% inter-professional treatment team meetings/consultation, 10% didactics/professional development with some flexibility dependent upon individual areas of interest. Breadth of training will

promote advanced skills in diagnosis and treatment with an emphasis on evidenced-based intervention, inter-professional treatment team functioning, and as well as a project outlined more below. Depth of training will emphasize advanced skill acquisition and expertise in the treatment of military PTSD and trauma-related disorders. The resident's time is divided between the two teams in order to maximize learning about the differences in PTSD presentation and treatment needs among various cohorts.

The resident will be involved in every stage of service provision including opportunities in triage, consultation and liaison, assessment (both diagnostic interview and psychometric assessment), differential diagnosis, psychotherapeutic intervention, multidisciplinary PCT treatment team meetings, and veteran outreach and education as appropriate. Interaction with adjacent clinics and professional disciplines will be an integral part of training. The clinical service portion of training will emphasize acquisition of evidenced-based intervention skills, which may include CBT, CPT, PE, CBT-I, ACT, MI, and Seeking Safety, with an emphasis on exposure/trauma narrative-based treatment approaches.

We expect that residents will play an active role in performance improvement/quality management in their training area in the form of a scholarly project for the year. This project will be identified in the first month of training in a collaborative fashion with the fellow's primary supervisor and related staff, and progress will be monitored by the resident's supervisors. Possible projects will involve program development, outcome measure design and/or implementation, fidelity measures, or performance improvement enhancements to existing programs. In order to facilitate a comprehensive knowledge base of trauma theory and interventions, residents will also make use of medical library, VA online educational programs, and special local or regional training. They will also participate in scheduled didactic and enrichment seminars to provide an additional breadth of learning with respect to the broader traditions of clinical psychology.

Facilities and Staff Support: The 2 PTSD teams are housed in our PTSD clinic building, which includes a dedicated trainee office with computer access and unit secretarial support. The two PCTs are staffed by 4 Psychiatrists, 5 Psychologists, 3 Clinical Social Workers, 2 psychiatric RNs, and 2 unit clerks.

2. Recovery Programs (Chronic/Serious Mental Illness) (1 FTEE position)

The Recovery Programs Postdoctoral Residency provides a one-year advanced training experience in Psycho-Social Rehabilitation (PSR) services and interventions for veterans with Serious Mental Illness (SMI). PSR services at VA St. Louis Health Care System are informed by SAMHSAs ten guiding principles of recovery and we see ourselves as a recovery model program. Over the course of the year the resident will participate in a broad range of training experiences including diagnosis, assessment and intervention, as well as in depth instruction in Evidence-Based Practices (EBPs) for SMI.

Clinical Services: The residency is primarily located at VA St. Louis Hope Recovery Center (HRC) and the resident is considered a member of the Psychosocial Rehabilitation and Recovery Center (PRRC) treatment team. In addition to the primary PRRC assignment, the resident will also participate actively with the Mental Health Intensive Case Management (MHICM) team, our local Assertive Community Treatment (ACT) team.

Clinical training and responsibilities include assessment and treatment of veterans with SMI such as schizophrenia spectrum disorders, mood disorders (Major Depressive Disorder, Bipolar

Disorder) and Post-Traumatic Stress Disorder. Specific clinical opportunities include providing psycho-educational and skills groups, individual therapy, and individual recovery coaching within the PRRC. The resident will provide services at the Hope Recovery Center, other VA St. Louis locations as needed, and some services during community visits. The resident acts as a liaison between the PRRC and the MHICM team and in this role attends MHICM team meetings once weekly. The resident has the opportunity to work closely with other program staff at the HRC, namely staff from the homeless programs and Compensated Work Therapy (CWT) team, to provide coordinated care and services. The resident will also have an opportunity to interact with providers from the wider VA St. Louis community by attending monthly meetings including the monthly Psychology staff meetings, and monthly Psychology Grand Rounds seminars.

In addition to providing clinical services, the resident will be actively involved in a program development project. Though it is not required, interested PRRC residents have the opportunity to receive training in methods for Compensation and Pension exams (a fairly standard role of psychologists within many VA hospitals), and may serve on a psychology counsel or other psychology or VA wide committee of interest. While the residency is not primarily research oriented, the interested resident can pursue research projects.

Methodology: The PRRC and MHICM programs serve veterans with SMI who struggle with attaining and maintaining independent functioning. Many of the veterans we serve also suffer with co-occurring physical health issues (for example Type II Diabetes, COPD and other chronic health conditions) and/or substance abuse issues. The PRRC and MHICM teams have an interdisciplinary staff (psychologists, social workers, occupational therapists, nurses, and peer support specialists), and as such we provide a range of mental health, physical health and wellness, and case management services. Treatment is based on the recovery model, which emphasizes veteran choice, maximizes independence, and seeks to instill hope that a meaningful life is within reach of every individual.

Residents are taught psychological interventions and clinical assessment in the context of our PRS/recovery model program. Trainees will learn skills through direct provision of care, supervision, instructional readings, and both on, and off-site training opportunities. The resident is expected to attain proficiency in such evidence-based interventions as Cognitive-Behavioral Therapy (CBT), Motivational Interviewing (MI), and certain aspects of Dialectical-Behavioral Therapy (DBT). In addition to learning these clinical skills the resident will also develop proficiency in consultation with other health and mental health providers including psychiatrists, other physicians, nurses, social workers, occupational therapists, vocational rehabilitation specialists, peer support specialists, dietitians, physical therapists and others. The resident will be responsible for data management, i.e., processing and analyzing data pertaining to recovery-oriented programs as measured by Northeast Program Evaluation Center (NEPEC). Hence, there are ample already-embedded opportunities for performance improvement, quality management, and research endeavors.

Facilities and Staff Support: The Hope Recovery Center is located in a major metropolitan area approximately one mile from the main medical hospital in the VA St. Louis system, John Cochran Division hospital. The HRC has full access to and support from all hospital resources including a physical library, on-line library, Information Technology, computerized note system and medical record. The resident will be provided all resources to effectively fulfill their duties including office space with a desk, phone, computer, and Internet access.

3. Neuropsychology (1 FTEE Position, 2 Year Program*)

The VA St. Louis Health Care System has funding for two Neuropsychology Residents. This results in one training position opening for each training year. The Neuropsychology Postdoctoral Residency program provides a two year training program in accordance with the recommendations of the Houston Conference on Specialty Education and Training in Clinical Neuropsychology. The Neuropsychology Postdoctoral Residency program will provide the necessary training and preparation for residents to be eligible for ABPP Board Certification in Clinical Neuropsychology and to practice as specialty-trained clinical neuropsychologists. As noted previously, the program is APA-accredited as a specialty practice postdoctoral residency program in clinical neuropsychology. Residents will participate in training in both a comprehensive outpatient neuropsychological evaluation clinic and in inpatient and outpatient neurorehabilitation settings.

The overall goal of the VA St. Louis Health Care System Postdoctoral Program in Clinical Neuropsychology is designed to help residents meet multiple competencies of professional practice and to secure a sense of professional identity such that they become well-rounded, ethical, licensure-ready clinicians with advanced specialty neuropsychology competencies capable of the independent practice of psychology. This goal is accomplished via a scholar-practitioner training model which informs the programmatic structure and the training activities that are included.

Accordingly, the structure of the program during Year One is designed to meet licensure requirements as set forth by the State Committee of Psychologists Practice Act and Rules (State of Missouri). The remainder of the training (Year Two), is designed to complete the training necessary to meet eligibility for ABPP Board Certification in Clinical Neuropsychology, most notably through fulfilling Houston Conference training requirements. As previously stated, as a specialty neuropsychology residency program within a broader integrated residency program at VA St. Louis Health Care System, while there are some shared goals (e.g., eligibility for licensure as a psychologist), our primary goals are consistent with Houston Conference Guidelines and, in specific, the Houston Conference Guidelines Exit Criteria define the training goals for the two year program.

The general programmatic guidelines as outlined in the Houston Conference Guidelines are met by our two year full time residency program as follows:

- 1. The faculty is comprised of a board-certified clinical neuropsychologist and other professional psychologists** (the Neuropsychology Residency Training Director, Dr. Hogg, is ABPP in Clinical Neuropsychology)
- 2. Training is provided at a fixed site or on formally affiliated and geographically proximate training sites, with primarily on-site supervision** (training occurs at VA St. Louis Health Care System and affiliation agreements are in place with Washington University School of Medicine, the site of current external didactics)
- 3. There is access to clinical services and training programs in medical specialties and allied professions** (VA St. Louis Health Care System is a broad multidisciplinary medical center with a range of health care training programs. The resident has regular interactions with a broad range of health care professionals including medical providers in primary care, neurology, neuropathology, psychiatry, as well as other psychologists and other psychology residents and interns, nurse practitioners, nursing,

physician assistants, and a range of allied professions – e.g., occupational therapy, physical therapy, speech therapy, vocational rehabilitation specialists)

4. There are interactions with other residents in medical specialties and allied professions (the resident interacts with other members of their residency class (including the other Neuropsychology Resident); interacts with medical residents and allied professions through the Polytrauma/TBI Clinic, in context of Neuropsychology Clinic, and in context of external didactics at neurology and neuropathology at Washington University in St. Louis)

5. Each resident spends significant percentages of time in clinical service, and clinical research, and educational activities, appropriate to the individual resident's training needs for the Neuropsychology Specialty Residency Program.

The following is a review of the Houston Conference based residency training goals as outlined in the Neuropsychology Postdoctoral Residency Learning Agreements with reference to training program activities which accomplish those goals:

1. Advanced skill in the neuropsychological evaluation, treatment and consultation to patients and professionals sufficient to practice on an independent basis. Residents develop advanced skills in these areas through two neuropsychology rotations (neuropsychology clinic and neurorehabilitation). Formal didactics occurring throughout the two-year training period focus both on laying the foundations for a neuropsychological knowledge base, as well as exposing the resident to the latest in scientific advances in our field.

2. Advanced understanding of brain-behavior relationships. Residents obtain an advanced understanding of brain-behavior relationships through clinical neuropsychology rotations that include training and supervision of neuropsychological evaluations and neurorehabilitation treatment. Residents also participate in a two year didactic sequence which further develops an advanced understanding of brain-behavior relationships, including the Neuropsychology Neuroanatomy and Neuropathology Seminar, Neuropsychology Journal Club, as well regular attendance at Washington University Brain Cuttings, and Neurology Grand Rounds.

3. Scholarly activity, e.g., submission of a study or literature review for publication, presentation, submission of a grant proposal or outcome assessment. Residents are required to participate in scholarly activity, whether that be preparation of a scholarly paper or literature review, participation in a faculty guided ongoing research, or development of an independent, mentored project. Residents' scholarly activity receives mentorship from core neuropsychology faculty with additional input as needed from adjunct faculty, in line with the residents' scholarly activity focus. We will be providing scholarly activity opportunities congruent with Houston Conference training guidelines including support in conducting literature reviews or an original study of neuropsychological relevance. Dependent upon individual interests, residents can participate in VA sponsored research investigator training, and have access to ongoing applied research in the form of program evaluation efforts. Residents can also participate in VA sponsored Program Improvement training.

4. A formal evaluation of competency in the exit criteria 1 through 3 shall occur in the residency program. Formal evaluations at 3, 6, 9, 12, 15, 18, 21, and 24 months

assess whether residents are successfully progressing towards meeting the exit criteria per the respective Year One and Year Two Learning Agreements. If a resident does not progress according to minimum competencies required, a remediation plan is established with the goal of assisting the resident to successfully achieve all required competencies.

5. Eligibility for state or provincial licensure or certification for the independent practice of psychology. Upon completion of the program, typically by the end of Year One, residents are eligible for licensure to independently practice psychology in the state of Missouri.

6. Eligibility for board certification in clinical neuropsychology by the American Board of Professional Psychology. Residents are also eligible for American Board of Professional Psychology specialty certification in clinical neuropsychology upon successful completion of the two year training program.

In summation, the overarching training goal of the VA St. Louis Health Care System Neuropsychology Postdoctoral Residency Program is to produce highly trained, scientifically knowledgeable, clinically skilled independent practitioners who will be competent to work as advanced clinical neuropsychologists.

Clinical Service: VA St. Louis Health Care System Neuropsychology Clinic (located at Jefferson Barracks Division), is staffed with one full-time Neuropsychologist and a second Neuropsychologist who is dedicated to the clinic half-time. Referrals to the neuropsychology service are received from the VA St. Louis Health Care System, Community Based Outpatient Clinics as well as from other VISN 15 VA facilities without a clinical neuropsychologist on staff. The veteran population covers a diverse age range, ethnic diversity (predominantly European American and African American), residential diversity (urban, suburban, and rural), and includes a significant female veteran referral base. A broad spectrum of clinics refers veterans for neuropsychological evaluation services including Neurology, Extended Care/Rehabilitation, Mental Health/Psychiatry, Primary Care, and the Women's Clinic. Presenting conditions include cerebrovascular accidents, dementias, major psychopathology, multiple sclerosis, seizure disorder, substance use disorders, and traumatic brain injury, as well as occasions of HIV/AIDS, lupus, and oncological conditions.

VA St. Louis Health Care System also has a Polytrauma Level II Network Site with one full-time position assigned polytrauma psychologist/neuropsychologist. Polytrauma patients are individuals, mainly from the OEF/OIF conflicts, who have sustained multiple injuries (such as TBI, PTSD, amputation, visual and auditory impairments, etc.). Neuropsychological evaluation plays an important role in the team's multidisciplinary assessment and planning. The resident will serve as part of a multidisciplinary team and have opportunities to attend weekly interdisciplinary team meetings.

Additional supplemental clinical experiences will include C&L consultation to our inpatient treatment facilities located at Jefferson Barracks, including our inpatient psychiatric facility, the Spinal Cord Injury center, and our Community Living Center (which includes step-down inpatient care and inpatient physical medicine and rehab).

Residents will also receive specific training and experience in clinical supervision, including documentation and supervision approaches in clinical neuropsychology.

Methodology: Residents will participate in a training program of approximately 70-80% clinical service, 10% didactics/structured readings/professional development, 10% scholarly activity/research.

Clinical Training: Residents will train in both comprehensive and targeted neuropsychological evaluation and consultation. Training emphasizes diagnostic issues, clinical data integration, and functional recommendations. Neuropsychological assessment and recommendations are tied to evidence-based approaches. Empirical neuropsychological literature forms the basis of evaluation approaches and recommendations. Residents will develop strong familiarity with empirical neuropsychological literature and will learn how to update their practice as new substantive findings are published and as empirically superior assessment instruments become available. Between the two training sites residents will provide comprehensive outpatient neuropsychological evaluations as well as provide inpatient and outpatient evaluations and treatment with veterans with neurorehabilitation needs. The resident will serve as part of a multidisciplinary team and have opportunities to attend team meetings.

In addition to general psychology postdoctoral programming within VA St. Louis Health Care System (e.g., various enrichment seminars, Psychology Training Seminar, Psychology Grand Rounds), the VA St. Louis Health Care System Neuropsychology faculty provides didactic experiences including weekly Neuropsychology Case Conference with Neuropsychology Journal Club substituting one week each month, as well as a monthly Neuropsychology Neuroanatomy and Neuropathology Seminar intended to prepare residents for board certification. Residents and interns participate in leading case conferences and journal club presentations. The VA St. Louis Health Care System, through its academic affiliations with two leading universities (Washington University in St. Louis and Saint Louis University), is able to provide a wide range of didactic opportunities for neuropsychology residents. Residents are currently participating in WUMC Neurology Grand Rounds and WUMC Neuroanatomy Grand Rounds (i.e., Brain Cuttings), and Saint Louis Children's Hospital Neuropsychology Seminars (connected with Washington University).

4. Primary Care Mental health Integration (1 FTEE position)

Clinical Service: VA St. Louis Health Care System was awarded substantial funding to integrate mental health services into primary care. Our first 2 positions began in 2006 and with additional funding in 2007 our program has now grown to 9 full-time psychologists who are integrated into the all primary care teams at the John Cochran and Jefferson Barracks Divisions, 4 Community Based Outpatient Clinics (in Missouri and Illinois), and 3 community Annex clinics. In 2009, we added a full-time psychiatrist and a full-time nurse coordinator to meet the needs of the integrated team. Our primary care clinics are interdisciplinary and based upon the Medical Home Model, which is identified within the VA system as Patient Aligned Care Teams (PACT).

Methodology: Our training approach is based on providing the fellow with exposure to a broad range of primary care patients and providing comprehensive training in the core areas of skill and knowledge for primary care practice, as outlined by the APA Interdivisional Task Force for a Primary Care Curriculum (McDaniel, Belar, Schroeder, Hargrove, & Freeman, 2002). This includes didactic and experiential content in the biological, cognitive, behavioral, and socio-cultural aspects of health and illness, health policy and healthcare systems, clinical assessment and interventions of common primary care conditions, inter-professional collaboration in primary care, and ethical, legal, and professional issues in primary health care.

Initially residents observe supervisors and are provided with didactic experiences that educate them in the areas listed above. As the resident becomes more familiar with the service delivery model, they are required to engage in services which essentially mirror that of fully licensed staff. This includes conducting intake visits with patients referred for a general evaluation or determination of level of care needed following a positive screen for depression, PTSD, or substance use. Additionally the PCMHI team works collaboratively with the primary care providers to offer services to address the most common health related visits, including diabetes management, chronic pain, and obesity. In cases that do not require more specialized or intensive services, the primary care resident provides brief interventions (typically limited to 4-6, 30 minute sessions) for a wide variety of problems, including: Helping patients adhere to interventions initiated by the PCP; maintaining stable functioning in a patient who has responded to previous treatment; managing a chronic medical condition or improving tolerance to invasive or uncomfortable medical procedures; helping change lifestyle issues or health risk factors among patients.

Application of evidence-based care is supported through a variety of mechanisms. First, whenever possible, interventions are guided by VA/DOD Clinical Practice Guidelines for depression, substance use disorders, PTSD and psychotic disorders. Second, emphasis is also placed on current literature regarding the screening, assessment, and treatment of behavioral health issues in PC, which is maintained through a monthly journal club held during our PCMHI staff meetings. Third, additional EBT training is available through our staff experts in CBT and MI as described elsewhere in this brochure.

This program is considered a “traditional” (non-specialty) residency program, where PCMHI is an area of emphasis. This has allowed us some flexibility in facilitating training experiences based upon a fellow’s specific area of interest. Past examples include work with the Spinal Cord Injury program on the days they host SCI PACT medical appointments and conducting group services through the Interdisciplinary Pain Rehabilitation program. Other opportunities may be available depending upon space and resources, although our primary focus is always upon working within primary care services. Learning agreements are developed at the beginning of the training year and placement/location for residents typically occurs based upon availability with respect to office space, supervisor availability, and the fellow’s specific interests.

Residents are also allotted a small portion of dedicated time to participate in scholarly activities which may include joining research studies already in progress or developing specific programs for implementation within the program.

Facilities and Staff Support: In 2011, the delivery of primary care (PC) services expanded access to veterans through the development of “annex clinics” within St. Louis communities.

We currently operate out of John Cochran, Jefferson Barracks, North County, St. Charles County, Washington MO, Belleville IL, 2 general Annex locations, and the Women’s Clinic Annex. Each team varies in composition and patient population, but includes physicians, physician assistants, pharmacists, nurse practitioners, and psychologists. The postdoctoral resident is expected to attend PC team meetings and be available to provide both informal and formal didactic in-services to Primary Care Providers (PCPs). Interactions with PC staff are frequent, with the resident providing timely feedback to any referring PCP by one or more of the following means: electronic progress note, in-person consultation with PCPs, e-mail messaging, and/or an instant message (using our secure IM programming).

Residents have frequent contact with specialty mental health services for those patients who require more intensive/extensive mental health services, including Psychiatry, PTSD Programs,

Behavioral Medicine, Substance Abuse Treatment, Neuropsychology, and the PRRC/MHICM programs. It is expected that the resident facilitate referral to specialty care services and monitor follow-up. This entails frequent communication with these specialty services and provides the resident with additional education in how to determine when to refer patients for more intense case and what types of intermediate services can be provided within a PC setting.

Outcomes: Residents from our programs most typically go on to VA staff psychology positions, or other medical or private practice positions with an emphasis in health psychology.

IV. ADDITIONAL TRAINING EXPERIENCES/REQUIREMENTS

In addition to the completing the core training experiences in their area of emphasis as described above, fellows will also be required to participate in 5 hours/week of professional learning experiences designed to provide advanced training and meet Missouri licensure requirements for additional learning experiences. This will include but not be limited to:

- *Enrichment Seminars-* (2.0 hours of each topic/month) Advanced training in core competency areas of
 - Evidenced-Based Treatment
 - Diversity/Multicultural Competency
 - Clinical Supervision
- *Peer-reviewed psychology case conferences-* (average 1.5 hrs/mo)
- *Inter-professional treatment team meetings-* on their respective area of specialty (1-2 hrs/week)
- *Professional Reading-* (Minimum of 1 hr/week)
- *Scholarly Activity/Research-* Design, collection, analysis, and presentation of Quality Management/Performance Improvement/Research (estimated 2 hrs/week)
- *Supervision/Mentoring of junior trainees-* (1 hr/week of resident-led supervision typically offered during concurrent 3-month rotation of an intern or practicum student)

Resident's training experiences over the course of a year typically focus on clinical work with the goal of integrating scientific and theoretical knowledge gained through your previous studies and practica. Residents across each of the emphasis areas are expected to develop a meaningful project during their training year. These projects vary widely and are agreed upon by both residents and their primary supervisors. Protected time is allotted to this enterprise on a weekly basis, as appropriate, and a final product is expected at the end of the year. While there may be opportunities to join already approved IRB research projects within our hospital, which would meet the expectation of a meaningful project, most residents will not find it feasible to develop a new research project and have it passed through the IRB within a timely fashion. However, residents are offered opportunities to become involved in performance improvement and quality assurance projects within the department as another path to completing a meaningful project.*

**Any other collection of clinical data for research purposes outside of performance improvement and quality assurance efforts requires the concurrence of the Research & Development and Medical Center IRB approval.*

V. RESOURCES AVAILABLE TO RESIDENTS

A wide range of support facilities will be available to residents, as described in the above sections. Residents will be provided the necessary office space in which to provide professional

services in an appropriately confidential and secure manner. The medical center is currently undergoing a staged renovation and expansion of physical facilities which will include additional, future space dedicated to psychology trainees. Residents will have access to all of the clerical and technical support available to senior staff including computer/internet access, computer support personnel, and medical media (for presentation services). The John Cocharne Division of the medical center has a medical library which contains approximately 2600 volumes in the areas of Psychology and Psychiatry, and currently subscribes to 50 journals in the behavioral sciences, with additional journal access through ProQuest Psychology Data base with an additional access to 68 mental health-related journals. Extensive computer services are available, including all major medical on-line data base/literature search capabilities, inter-library loan services, and library support services.

VI. EVALUATION OF TRAINING PLAN AND PROGRESS

Within the first month of the residency, each resident will, in concert with their designated supervisor(s), develop a learning agreement to guide the structure and content of the training term. This agreement is subject to approval of the Training Director. The learning agreement will include, but may not necessarily be limited to, the following core competency training objectives:

- Advanced skills in targeting, conducting, and interpreting psychological assessments
- Advanced skills in communicating assessment findings
- Advanced skills in conceptualizing, implementing and evaluating evidenced-based treatment interventions
- Skills in conducting effective inter-professional consultation with staff of diverse professional and cultural backgrounds
- Skills in developing and maintaining a viable and effective professional psychological role on multi-disciplinary teams
- Skills in developing and implementing a quality management, performance improvement or comparable scholarly project to be performed over the course of the year.

An additional core competency requirement is the completion of a peer-reviewed case presentation demonstrating competency in psychological assessment and intervention during the psychology department Grand Rounds. A peer-reviewed “pass” will meet this requirement. This is the same biannual requirement for employed doctoral-level staff in psychology.

Formal evaluations of the progress of PTSD, PCMHI, and Recovery residents are conducted at 3, 6, 9, and 12 months, and Neuropsychology residents are evaluated at 3, 6, 9, 12, 15, 18, 21, and 24 months. However, informal feedback opportunities regarding performance is expected to occur on a regular basis in the context of supervision. Each formal evaluation will be completed by the primary and secondary supervisors and will reviewed with the resident. Each evaluation meeting will address, but not be limited to:

- Progress of the resident in meeting the stated training/competency objectives, goals and expectations specified in the learning contract, with suggestions for improvement (if needed) in the areas of professional conduct, ethics, assessment, consultation, etc.
- Any amendments/revisions of the learning agreement as needed
- All evaluations are to be conducted in writing and signed by both the supervisor(s) and resident

VII. EVALUATION OF TRAINING PROGRAM STRUCTURE, METHOD, AND OUTCOME

As above, a formal, written competency evaluation of the resident by the primary supervisor(s) occur at 3, 6, 9, and 12 months (with formal evaluations at 3, 6, 9, 12, 15, 18, 21, and 24 months for Neuropsychology residents) or in accordance with the resident's specific learning agreement. Feedback will also be provided to the supervisor to assure reciprocal data on quality of supervisory training. This is done through the resident's completion of the Supervisory Performance Improvement Survey at the end of their training. This survey is provided in aggregated summary every 2 years, or (for infrequent supervisors) after 4 evaluations are collected, in order to provide some measure of anonymity. Additionally, all psychology trainees are surveyed in the spring using an anonymous web-based format in order to solicit confidential feedback about several elements of the training program. This information is utilized in an aggregated format by the Training Director when the Training Council hosts its yearly Strategic Planning conference. Finally, at the completion of training, all trainees complete an outcome measure designed to evaluate their perception of the quality of the training they received and their evaluation of their own achieved competencies. This helps our program understand their level of satisfaction with our program, their adaptation to the professional field of practice, and their professional accomplishments with respect to overall outcomes.

VIII. PERSONNEL INFORMATION

This residency is a 12-month, 2,080 hour full-time appointment (with exception of Neuropsychology, which is a two year appointment with the second year contingent on satisfactory completion of the first year). Acceptance of an appointment requires a commitment to complete the entire training period. Details regarding these requirements will be reviewed during your orientation period.

Benefits include 10 federal holidays, health insurance, acquired sick leave (4 hours per 2-week pay period), and annual leave (4 hours per 2-week pay period) that may be used during the year. In addition, up to 56 hours/year of "authorized absence" may be used, with approval. Authorized absence is to be used for professionally related activities (e.g., attendance at educational/professionally-relevant meetings, conventions, workshops). These authorized absences are contingent upon administrative approval and count towards the 2,080 hours. Malpractice coverage for official duties is provided under the Federal Tort Claims Act. You will be fully briefed on all personnel practices during your orientation period upon arriving on site including the program's grievance policy.

The VA is a federal government organization and an equal opportunity employer, the training program welcomes and strongly encourages applications from all qualified applicants regardless of gender, age, race, ethnicity, sexual orientation, disability, or other minority status. Hence, we take a strong stance regarding policies of non-discrimination and accommodation for success in our residency program.

Pay: In 2016-2017, residents in a one-year placement and first year residents in the two-year neuropsychology program will be paid \$42,239. Neuropsychology residents in their second year of fellowship will be paid \$44,522, contingent upon satisfactory performance in year one.

Please note: If you are an active duty military member, or if you are a federal retiree (civil service or military) receiving a retirement pension/annuity, you should identify this status in the initial application process as this may affect your stipend. Following acceptance, final appointments are contingent upon passing standard federal employment screenings and

requirements (e.g., physical exam, background checks, electronic fingerprinting, etc.). If you have any questions about these standard requirements for VA employment, please contact our HR at 314-894-6620 for additional information.

Targeted Start Date for 2016-2017: July 25, 2016

IX. ELIGIBILITY REQUIREMENTS AND APPLICATION PROCEDURES

To apply you must be:

- A US Citizen
- A graduate of a an APA-approved doctoral program in clinical or counseling psychology
- A graduate of an APA-approved internship

Applications for consideration will be received through APPA CAS in all but extenuating circumstances.

To apply, create an APPA CAS profile, upload required documents (e.g., transcripts), and also enter the following:

1. A cover letter describing your career goals and how you feel this residency would assist you.
2. A current curriculum vita.
3. Three letters of recommendation (referred to as "Evaluations" in the APPA CAS portal). Preferably one of these will be from your internship director and will provide indication of your status in that program.
4. A letter from your dissertation chair providing anticipated completion date and date of degree conferral (if dissertation chair is also writing a reference, just one letter with recommendation and dissertation status will suffice; if previously completed, please submit an abstract of your dissertation).
5. A de-identified work sample from a case presentation or psychological assessment report. (Please de-identify according to HIPPA Standards).

APPLICATION DUE DATE:

The process of application reviews and invited interviews will begin after the stated dates below. Positions will be filled following identification of applicants who represent the best fit for the specific positions.

Neuropsychology: Review on a rolling basis beginning January 4

Primary Care Mental Health Integration: Review on a rolling basis beginning January 4

PTSD: Review on a rolling basis beginning January 4

Psychosocial Recovery: Review on a rolling basis beginning January 4

Other Important Application Notes:

1) Please note that all requirements for the doctoral degree must be completed prior to the start of the residency year. Any offer for residency is contingent upon completion of dissertation and expected conferral of degree, as stated by an applicant's graduate program, prior to the offered

start date of residency.

2) As an equal opportunity training program, our residency welcomes and strongly encourages applications from all qualified candidates, regardless of gender, age, racial, ethnic, sexual orientation, disability or other minority status.

Resident Selection:

The ideal candidate possesses strengths in clinical work, scholarly productivity, academic preparation, and personal characteristics. Because the veteran population tends to present with complicated medical and mental health problems, we prefer students with some experience in working with complex patients, as well as some establishment of a track record of scholarly productivity (e.g., research, publications, presentations, etc.). Prior VA experience is a plus but is not required. In addition to these selection factors, we strive to compose our incoming class with a variety of residents from different kinds of programs, from different geographic areas, of different ages, diverse backgrounds, and life experiences. This approach is a reflection of our commitment to diversity in psychology. As a federal employer the facility and our program takes a strong stance regarding policies toward non-discrimination and accommodation to facilitate success in our residency program.

After screening written applications, will select prospective residents to interview whom we believe will prosper at our site. If possible, we prefer to meet our candidates in person as this helps both parties assess for the best possible fit. . We utilize a performance-based interview model (the standard VA employment interview format) which solicits information about your prior training, skill/competency sets, knowledge of the area of emphasis/specialization for which you are applying, and relevant personal attributes that will promote a successful training experience. While we rely primarily on the written and performance-based interview data to assist us in making both good and fair choices among applicants, we also take qualitative data about a candidate's goodness of fit into consideration where applicable to augment ranking decisions. Based on the available information, a rank list is created for each residency position and offers will be made to candidates in rank order until one candidate accepts and commits to each position.

X. PSYCHOLOGY STAFF AND EMAIL ADDRESSES

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XI. BIOGRAPHICAL VIGNETTES OF PSYCHOLOGY TRAINING FACULTY

Yasmin Asvat, Ph.D. (Siteman Cancer Center at Barnes-Jewish Hospital and Washington University) Dr. Asvat is from Panama, but has been in North America pursuing her education and working for the past 14 years. She graduated from the University of Toronto with a double major in Psychology and English (luckily, she successfully adjusted to the transition from sunny year-round to freezing cold for half the year). She returned to warmer climes while attending San Diego State University, where she obtained a Masters degree in Psychology. It was during this time that her interest in psychosocial oncology took hold, quite unexpectedly. She continued her education at the University of South Florida, where she obtained a Ph.D. in Clinical Psychology under the mentorship of Dr. Paul Jacobsen at H. Lee Moffitt Cancer Center. Her dissertation research was supported by a pre-doctoral grant from the Department of Defense Breast Cancer Research Program (she was very surprised to learn the DoD funded cancer research, apparently they fund all kinds of research). Subsequently, she spent three years in Chicago, one completing her internship at the University of Chicago, Department of Psychiatry and two completing her post-doctoral fellowship in Psychosocial Oncology at Rush University Medical Center, Department of Behavioral Science. Her hopes of working at an academic medical center were realized when a position opened at the Siteman Cancer Center at Barnes-Jewish Hospital and Washington University. She enjoys clinical work with patients and caregivers, consultation with medical teams, teaching at the medical school, research, and supervision. Dr. Asvat's theoretical orientation is integrated, typically using ACT, CBT, interpersonal, and existential interventions. She enjoys spending her leisure time reading, dining out, going to the theater, catching up on good movies and television shows, planning her next trip abroad (visiting her family in Panama at least once a year is a must), and traveling to Chicago to see friends.

Laura Becker, Ph.D., ABPP-CL (Primary Care Mental Health Integration-Manchester Annex) Dr. Becker was born and raised in Long Beach, CA (home of Snoop Dogg and Sublime). She received her B.A. in Psychology from the State University of New York at Binghamton where she saw her very first snow. Dr. Becker decided that the West Coast and the East Coast were not quite cutting it, and headed for the Midwest. She earned her Ph.D. in Clinical Psychology from the University of Missouri – St. Louis in 2006 with an emphasis in death and dying. After becoming a Rams fan, meeting her husband, buying a house, and adopting a cat (insert shout out to Raven!), she proudly became a permanent St. Louisan (pronounced “LEW-iz-uhn”). She was fortunate to complete both her pre-doctoral internship and post-doctoral fellowship at the VA St. Louis Health Care System. Dr. Becker gladly accepted an offer to join the permanent staff and become part of the Primary Care – Mental Health Integration (PCMHI) team, where she provides services to veterans at an annex Primary Care clinic independent of the two main campuses. What does she do all day? (The jury is still out), but.....her predominant theoretical orientation is Cognitive-Behavioral, through a Process-Experiential lens with a sprinkling of Emotion-Focused work. When she is not seeing patients or writing progress notes, she enjoys running, gourmet cooking, and playing with her two young daughters. Dr. Becker is a huge fan of the amazing restaurants in St. Louis and proudly considers herself a *foodie*. Even while on an intern's salary, Dr. Becker enjoyed the occasional filet and aged California red varietal.

Jeffrey Benware, Ph.D., ABPP (Inpatient Mental Health Unit) Dr. Benware grew up in a suburb on the south side of Chicago. He completed his Bachelors and Master's degree in Psychology from Illinois State University in Normal, Illinois. He completed an extensive qualitative study of tex-mex cuisine and Texas jargon while attending the University of Houston where he completed his Ph.D. in Counseling Psychology. After several years battling the heat

and humidity in Texas he decided to return to the tranquil Midwest. He completed his pre-doctoral internship at the Harry S. Truman VA Medical Center in Columbia, Missouri. Prior to joining the St. Louis VA in 2008, Dr. Benware was employed as a psychologist at the Chillicothe, Ohio VAMC. His clinical interests include substance use disorders treatment and inpatient treatment. Dr. Benware is board certified in Clinical Psychology through the American Board of Professional Psychology (ABPP). Dr. Benware also holds a Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders through the American Psychological Association. Since relocating to the St. Louis area, Dr. Benware is willing to consider giving up his allegiance to the Chicago Bears and becoming a St. Louis Rams fan but he will not relinquish his commitment to the Chicago White Sox.

Paulette Christopher, Ph.D. (Primary Care Mental Health Integration-Women's Clinic) Dr. Christopher received her Ph.D. in Clinical Psychology with an emphasis on Health Psychology from the University of New Mexico in 2011. She was formerly a restaurant owner and manager. Dr. Christopher likes to say she spent the first half of her life selling people red meat, sugar, and alcohol, and she's spending the second half undoing the damage. She is a Member of the Motivational Interviewing Network of Trainers and a consult and trainer for the VA MI Training Initiative. When acting in an authoritarian manner at home, her family often states, "Hey I thought you were Miss MI!", to which she replies, "I gave at the office." She completed her internship at the St. Louis VA and her postdoctoral training in PTSD and Health Psychology at the New Mexico VAMC. Despite a serious addiction to green chile, she returned to St. Louis to be near her wife's family. She spends considerable time and resources trying to score "the good stuff" (i.e. green chile from Hatch, NM). When she's not at work, she enjoys cooking, finding the best (add type of food here) in St. Louis, playing guitar, riding her Triumph Bonneville, and collecting mid-Century modern stuff. Her interests include discrimination and health, trauma and health, health disparities, and Motivational Interviewing. She serves as the Diversity Specialist for the Training Council.

Raymond Dalton, Ph.D. (Mental Health Clinic-Jefferson Barracks) Dr. Dalton's previous assignments familiarized him with various aspects of VA psychology. He served as a psychologist on long-term care medical units, on nursing home care units, on general psychiatry inpatient units, and on the dual-diagnosis inpatient unit. Additionally, he served as the psychologist for the psychosocial rehabilitation program (PSR) and served as the consultant/therapist at the St Louis VET Center. He provides assessment and treatment through a biospsychosocial lens. After determining the client's interpersonal style, he applies behavior self-management techniques to improve self-observational skill. Subsequently, he leads the client to question self-evaluative judgments and judgments of other persons.

Joe Daus, Ph.D. (Mental Health Intensive Case Management) Dr. Daus received his AB (1989) in Psychology from the University of Missouri-Columbia (MU) where he enjoyed bad football so much he remained at MU for both his MA (1991) and Ph.D. (1995), both in counseling psychology. He completed his internship at MU's Counseling Center and returned to his hometown of St. Louis where he was employed with St. Louis City's Family Court-Juvenile Division for a little over seven years. In December 2002, Joe gladly accepted employment with the St. Louis VA where he became part of the new Mental Health Intensive Case Management (MHICM) Program, a program that provides community outreach services to veterans with serious mental illness. Joe also maintains a part time private practice in the evening and is married and has two daughters.

Sean Engelkemeyer, Ph.D. (Home-Based Primary Care) Born and raised near St. Louis in the small town of Washington, Missouri, Dr. Engelkemeyer has long been aware of the

wonderful qualities of Midwestern living. Possibly due to his small-town upbringing, or to spending too much time with his elderly patients, he increasingly enjoys 'spinning yarns' about life in the country. He loved Missouri living so much (others say he just did not get out much) that he completed his B.A. in Psychology at St. Louis University (2002). He then traveled the long miles across town to complete his Ph.D. in Clinical Psychology at the University of Missouri – St. Louis (2008). His doctoral dissertation was in the area of death and dying, and this remains a clinical interest. His postdoctoral residency was completed in Psycho-Oncology at the Siteman Cancer Center at Barnes Jewish Hospital. Other clinical interests include geropsychology, anxiety disorders, sleep disorders, nonpharmacological management of challenging behaviors in neurocognitive disorders, and the provision of home care services amidst strong smells of cat urine and towering piles of old newspapers. You can occasionally find Dr. Engelkemeyer outside of work camping, gardening, photographing his corner of the world, and threatening the neighborhood kids for being on his lawn. His wife and young son find that last one particularly embarrassing, because Dr. Engelkemeyer is not even close to an age at which such a thing is acceptable. You can win him over with food that is fried, spicy, or edible in some way, or by guessing one of his many celebrity lookalikes.

Kathryn Foley Fair, Ph.D. (Spinal Cord Injury) Dr. Fair earned an A.B. in psychology from the University of Michigan in 1994. Oblivious to college sports loyalties, she earned a Ph.D. in 2000 from The University of Notre Dame and along the way a M.A. but she can never remember the year. She was commissioned as an officer in the United States Navy and completed her internship in clinical psychology at the National Naval Medical Center in Bethesda, MD (now the regrettably rechristened Walter Reed National Military Medical Center – Go Navy! Beat Army!). Dr. Fair served as a staff psychologist at several commands including Recruit Training Command, Great Lakes, IL, Naval Hospital Great Lakes, IL, and Naval Hospital Bremerton, WA. She was temporarily assigned to aircraft carriers and provided pier-side clinical services to Submarine Group Nine. She hung up her khaki for family reasons and served as the Deputy Director for the Center for Deployment Psychology at the Uniformed Services University of the Health Sciences in Bethesda, MD. She also did a few years of private practice in a large medical center before coming to her senses and returning to federal service. Dr. Fair has worked in the VAMC Danville, IL system as a clinical psychologist and recently as a Supervisory Psychologist with the Embedded Behavioral Health Initiative at Fort Bragg, NC. Her clinical interests include anything military, vocational development, reproductive health and postpartum issues, and adjustment to chronic illness. Dr. Fair is married with two bonnie boys and a Labrador with Dependent Personality Disorder. She is a vocal hockey mom and can be found at area ice rinks most months of the year.

Jamie Fickert, PsyD (Mental Health Clinic-Jefferson Barracks/Senior Vet Clinic) Dr. Fickert was born and raised in the small town of Troy, Illinois (home of the famous...hmmm...nothing). She obtained her B.A. from University of Illinois, Champaign-Urbana and her doctorate from The Chicago School of Professional Psychology, choosing CBT as her theoretical orientation, with specific focus on Acceptance and Commitment Therapy and other 3rd wave approaches. While completing a practicum at Hines VA, Dr. Fickert discovered her interest in PTSD and working with veterans. This experience (coupled with the fact that her family was noticing she had developed a bad case of road-rage and an awkward Chicago accent) led her back to St. Louis where she completed the STL VA predoctoral internship as well as the STL VA PTSD postdoctoral residency. Because she just really couldn't get enough, she joined the STL VA psychology staff in 2015 and serves in both the Mental Health Clinic and Senior Vet Clinic. She has a strong interest in EBPs and is certified in CPT. Outside of work, she enjoys biking, riding horses, raising her Redbone Coonhound son, Rufus, and spending time with family and friends.

Leslie French, Ph.D. (Home-Based Primary Care) Although she is not a military brat, Dr. French can relate to the frustration of having to answer the question “Where are you from?” She was born in New Mexico, but spent time in Missouri, Arizona (on the Navajo/Hopi reservation, in the only town in the US with two time zones), New Mexico again, and Texas. She completed her BA in Political Science and Psychology at the University of Missouri and her Ph.D. in Clinical Psychology at the University of Houston. By this time she had moved seven times and decided to stay put for a while, completing both her internship and post-doc in the St. Louis area (at the VA and St. Louis BMI Anxiety Disorders clinic, respectively). Following post-doc Dr. French went to work at the St. Louis City Family Court before returning to the VA to work in Home Based Primary Care. Her clinical interests include anxiety disorders, and issues of diversity. Dr. French previously had interests of her own but then she had children. Now she enjoys anything her two young sons are into, so you know, mostly loud, smelly, dirty things. If by some miracle she has time to herself she would probably spend it binge watching trashy teen soaps on Netflix. Don’t judge.

Elizabeth Garcia-Rea, Ph.D. (Mental Health Clinic-John Cochran) Dr. Garcia is a St. Louis native. She obtained her B.A. in Psychology and Criminology from Miami of Ohio. She returned home briefly to complete her Masters in Clinical Adult Psychology at Southern Illinois University at Edwardsville. She then moved down south to attend the University of North Texas, with an internship and post doc at the Dallas VA and finished up her Ph.D. in Clinical Psychology. After spending eight years in Texas she decided it was time to head back to the Midwest. Her research interests include anxiety disorders, multicultural issues, social deviance, and body image. Her primary theoretical orientation is Cognitive Behavioral, but she considers herself eclectic.

Kate Goedeker, Ph.D. (Spinal Cord Injury) Dr. Goedeker is originally from Milwaukee, Wisconsin. She attended the University of St. Thomas in St. Paul, Minnesota, where she earned a B.A. in Psychology and Theology in 1999 and spent most of her time frozen. She received her Ph.D. in Clinical Psychology from Purdue University in 2007. Dr. Goedeker’s research interests focused on the nature of craving in drug dependence. She completed her internship at the VA St. Louis Health Care System in 2006. After working as a post-doc in the Substance Abuse Treatment Program at the St. Louis VA, Dr. Goedeker’s dreams of becoming a permanent member of the VA St. Louis Health Care System staff came true in November 2007 when she was offered a position on the Spinal Cord Injury Unit. Dr. Goedeker’s theoretical orientation is eclectic, though she generally uses CBT interventions.

Liz Davis Goldman, Ph.D. (SARRTP Psychologist) Dr. Goldman is originally from Indianapolis. She received a bachelor’s degree in journalism from Mizzou, and then moved to NYC to be a copy editor. She left the big city to attend graduate school at Ohio University in Athens, Ohio, population 21,000. She attended internship at SUNY Upstate Medical Center in Syracuse, NY. She received her Ph.D. in clinical psychology in 2008. Her postdoctoral fellowship in geropsychology was at the VA in Pittsburgh, PA. She came to the St. Louis VA in 2009. After stints providing outpatient care in the JB and JC Mental Health Clinics, she has been happily working in the substance abuse unit full time since August 2014. She lives in south city with her husband, who is also a psychologist, her two sons, and her dog. She has recently been learning to enjoy watching Transformers cartoons.

John R. Hogg, Ph.D., ABPP, Board Certified in Clinical Neuropsychology (Neuropsychology Residency Training Director; Neuropsychology Clinic) Dr. Hogg earned his Ph.D. in Clinical Psychology from Indiana University-Bloomington (1992). He completed his APA-approved psychology internship at the University of Washington-Seattle

School of Medicine (1990-1991), then completed an N.I.M.H. pre-doctoral fellowship in geriatrics (1991-1992) at the same UW (while completing his dissertation and continuing to enjoy the amazing beauty of Seattle – much more than Starbucks, Nirvana, and Pearl Jam). VA St. Louis HCS Interns are free to ask Dr. Hogg to reminisce about his internship office view during his geriatric rotations and fellowship (i.e., ocean, mountains, sailboats, etc.). He completed a postdoctoral fellowship in Clinical Neuropsychology at the Rehabilitation Institute of Chicago (1992-1993). He then worked as a Clinical Assistant Professor at the University of Missouri Health Sciences Center and stayed at MU for 10 years. Following a brief time in independent practice in St. Louis and missing the collegial atmosphere provided by fellow psychologists, he was pleased to join the outstanding group of psychologists at the VA St. Louis HCS in 2005. He serves as 1 of 3 Neuropsychologists at VA St. Louis HCS. Dr. Hogg is board certified in Clinical Neuropsychology through the American Board of Professional Psychology (ABPP). While off-duty, he remains busy enjoying time with his family. He enjoys good cinema (and highly recommends interns become familiar with the Webster Film Series during their time in St. Louis) and good eats (both the Food Network show and good food itself! – he recommends Sauce Magazine over the RFT as the best source of restaurant info in St. Louis). He will refrain from listing any further interests to avoid highlighting the sedentary nature of many of these pursuits.

David T. Klein, Psy.D. (PTSD,Team1) Dr. Klein received his B.A. in Psychology from Muhlenberg College in 1991 and his doctorate from the Illinois School of Professional Psychology in 1997. He completed his internship here at the VA St. Louis Health Care System in 1995-96 and his post-doctoral work in the Department of Psychiatry at St. Louis University working primarily in geriatric psychiatry, conducting clinical trials research, and publishing works in the field of behavioral disturbances in dementia. He rejoined the VA in 1998 as a PTSD psychologist and diversified his duties into additional training, teaching, and administrative venues. His clinical time is primarily spent on the Post-Traumatic Stress Disorder Unit conducting individual and group psychotherapy, assessment, student supervision, and consulting work. He was appointed Training Director for our internship and residency in 2002 and, with the resulting abundance of sensory triggers, enjoyed a decade's worth of occasional dissociative episodes from his days as an intern in his own training program. However, Dr. Klein retired from this position in 2012 to explore exactly what season of a man's life Levinson thinks he should currently be occupying. His clinical interests include the psychology of war (the Vietnam War in particular), combat-related PTSD, group process, therapeutic alliance and clinical outcome, and the temporal relationship between the studying for the EPPP and the onset of acute trauma symptoms among psychologists in training. Anecdotal data suggests most of us recover. His theoretical orientation is eclectic predominated by dynamic, interpersonal, and existential conceptual models. Yalom remains an intellectual hero of his. In a previous life, Dr. Klein enjoyed gourmet food/cooking, wine, music, scuba diving, skiing, gardening, and hunting, and fly fishing when he had more abundant discretionary time. In lieu of time, he has 2 adolescents and more recently caved to their vicious Jedi mind trick and bought them a labradoodle puppy, Louie. Louie now enjoys running the family home around his interests which are eating, sleeping, playing, chewing on everything that are not his toys, and having a manic episode at about the time the family wishes to go to sleep. Now Dr. Klein wonders how he will ever find the time to determine what season of life he is in and has resorted to counting years of federal service as a proxy.

Rocky Liesman, Psy.D., ABPP (Primary Care Mental Health Integration- Washington CBOC)

Dr. Liesman was born and raised in the Washington, MO area. He spent every summer from eighth grade until graduating from St. Louis University in 2004 working construction for his father and ultimately thought this would be his life career. He continued to pursue his interest in psychology after been told numerous times by father and co-workers that he was an “idiot” for considering construction as a career. He eventually started graduate school for Clinical Psychology at Wright State University in Dayton, OH. He was awarded the HPSP scholarship during graduate school, which meant that the United States Air Force paid for graduate school and in return he was obligated to complete 4-years in the United States Air Force. He completed his internship at Wright Patterson AFB in Dayton, OH and his follow-on assignment at Little Rock AFB. Prior to separating in August 2012 Dr. Liesman served in Afghanistan as the Clinical and Survival Evasion, Resistance, and Escape (SERE) psychologist for the Wardak province. Dr. Liesman went on to do a brief stint at the Kansas City VA where he served as Training Director for the Postdoctoral Psychology program. Dr. Liesman left the KCVA after only 8 months to take the job as the primary care psychologist at the Washington CBOC, where he and his wife were born and raised. Professionally, he is board certified in Clinical Psychology and is certified as a *Master's Level* clinician in the administration and supervision of PE where he was trained by Edna Foa. He is VA certified as a provider and consultant in Motivational Interviewing. His interests include: application of empirically-supported treatments, secondary prevention and treatment of PTSD, integrated behavioral health in primary care, and general health psychology.

Karen Loaiza, Ph.D. (PTSD-SUD Specialist in the PTSD Clinical Teams)

Dr. Loaiza grew up in the St. Louis area and received her B.S. and M.A. in Psychology from Southern Illinois University Edwardsville and then earned her doctoral degree from Saint Louis University in 2009. She completed her internship at the Northport VA Medical Center on Long Island where she learned some about East coast culture- i.e. the need to talk and move much faster than the Midwest and love of New York pizza! Dr. Loaiza found internship year to be one of most influential years...it is during that time she shifted her primary clinical interest from Gerontology to doing trauma work with veterans, learning that trauma work and substance use treatment can be challenging but extremely rewarding work. Dr. Loaiza decided to return to St. Louis to be closer to friends and family. Since 2009, she has worked at her dream job as the PTSD-SUD specialist on both the PTSD Clinical Teams. She is very passionate about engaging veterans in individual, evidence-based trauma work and never ceases to be amazed how effective and life changing therapy can be. She also runs Seeking Safety group in the clinics. She is currently certified in Prolonged Exposure, Cognitive Processing Therapy, and Motivational Interviewing. She works from an integrative approach, with a CBT emphasis. On a personal note, Dr. Loaiza loves to enjoy mental chill out time with her husband, toddler, and dog-child (as Dr. Shia nicely put). Dr. Loaiza also loves movies, dinners out trying new foods and places, dancing, playing tennis, and music...some of these hobbies seem a distant memory being a newer mom, with movies and TV choices definitely changing- lots of Thomas the Train now :)

Patrick Lustman, Ph.D., ABPP (Substance Abuse-OATP)

Dr. Lustman was born and raised in Chicago. He attended Indiana University, the University of Illinois, the University of Wisconsin, and Michigan State University where he received his Ph.D. (1980). Since that time, he has been a full-time faculty member (Professor of Psychiatry) at Washington University School of Medicine. He also co-directs the university's Center for Mind Body Research (<http://mindbody.wustl.edu>). For more than two decades, he has been the principal investigator on a series of NIH-supported grants studying the interrelationship of psychiatric disorder and diabetes mellitus. His current research, a joint VA Washington University project, is testing the

hypothesis that insulin sensitizer augmentation of conventional antidepressant pharmacotherapy will improve outcomes in overweight/insulin-resistant individuals with major depression. At its annual meeting in 2009, Dr. Lustman was given a lifetime achievement award for seminal contributions by the American Diabetes Association. He began his career with the VA in 1990 as a part-time counseling psychologist in the Methadone Clinic. Research in that clinic has focused on treatment of co-morbidities to enhance substance dependence treatment outcomes.

Richard P. Martielli, Ph.D., ABPP (Primary Care-Mental Health Integration) Dr. Martielli was born and raised in north New Jersey and attended the same high school as Artie Lange and Ray Liotta. He received his B.A. in Psychology from Rutgers University (the birthplace of college football). Applying only to graduate schools that were in good baseball cities, he enrolled in Saint Louis University's clinical psychology doctoral program in 2001. Longing for a good slice of pizza and a decent bagel, he completed his internship at Beth Israel Medical Center in New York City where he attended numerous Yankee games, lodged countless hours occupying used book stores (especially Strand Books) looking for vintage Freud, and sucked the marrow out of city living, all while living in a glorified closet and paying a small fortune in rent. He moved to San Diego with his wife in 2006 and quickly adapted to the California lifestyle by purchasing a scooter which he rode to work every day and managed to avoid a TBI despite his less-than-legal driving methods. After 6 months of working as a clinical supervisor at a methadone clinic, he was ready for a change and took a position as a research supervisor at UCSD working on a depression study. Having lived on both coasts, he returned to the Midwest where he was privileged to be able join the St. Louis VA in 2007 working as a psychologist in Primary Care-Mental Health Integration. He possesses vast amounts of useless knowledge about The Simpsons and the state of New Jersey.

Julie Mastnak, Ph.D., ABPP (OIF/OEF PTSD Clinical Team) Dr. Mastnak is a St. Louis native. She graduated with her B.S. in Biology from Truman State University. She completed her graduate work at the Center for Trauma Recovery at the University of Missouri - St. Louis under the mentorship of Dr. Patricia Resick (Cognitive Processing Therapy). She completed her internship at the St. Louis VA. Dr. Mastnak graduated with her Ph.D. in Clinical Psychology in 2005. A year later, she very happily returned to the St. Louis VA to complete her postdoctoral residency and serve on the OIF/OEF PTSD team (for veterans returning from Iraq and Afghanistan). She and her husband have three beautiful young daughters. When she is not busy at work, volunteering with her daughter's Girl scouts troop and soccer team, or going to Little Gym classes, she spends her free time (wait a minute....*what* free time??)....

Meredith Melinder, Ph.D. (Polytrauma/TBI Clinic) Dr. Melinder grew up in Ann Arbor, Michigan, where she loved many things, including the cool summer evenings. She went to Saint Mary's College, in Notre Dame, Indiana, graduating in 1995 with a B.A. in Psychology. After college she headed to Arizona to participate in VISTA (Volunteers in Service to America) for the year. From the desert (and 100+ degree temperatures) she went to hot and humid Washington D.C. to the National Institute of Mental Health where she had a Pre-doctoralinternship for a few years (called Intermural Research Training Award or IRTA, basically fancy title for little pay). That experience motivated her to continue her work with individuals with schizophrenia, as well as sparked interest in the field of Neuropsychology. In order to continue her education, and incorporate these two interests, she moved to St. Louis, MO, to attend Washington University. She mistakenly thought that St. Louis weather *had to be* less hot and humid than Washington, D.C.. She received her M.A. (2000) and Ph.D. (2004) in Clinical Psychology, with a specialization in Neuropsychology. She has published in the area of cognitive functioning in individuals with schizophrenia, with a particular emphasis on speech

disturbances and working memory function. She completed her internship at the St. Louis VA Medical Center in 2004. From there she went to SSM Rehab, where she completed her postdoctoral training and became a part of the Medical Staff. Dr. Melinder was thrilled to rejoin the St. Louis VA in October 2006 as the new Polytrauma/TBI Psychologist/Neuropsychologist. Clinically, she is certified in CPT, PE, and CBT-I which she uses on a regular basis in treating Veterans. Dr. Melinder is a supervisor for the Internship program and the Neuropsychology Residency. She also serves on the Training Council. While in graduate school she met her future husband, got married, and started having children. So, while she has little to no time for pursuits outside of trying to sustain Activities of Daily Living she tries to maintain outside interests and dreams of the day when she will return to her hobbies and to perhaps develop new ones. In the meantime, she and her husband load up the minivan (it's not that bad) and take the kids on long road trips to enjoy some vacation time and a change of scenery.

Lauren C. Mensie, Ph.D. (Community Living Center) Dr. Mensie is originally from St. Louis, but also grew up in Texas and Ohio. She graduated from Lindenwood University in 2003 with a B.S. in Psychology (emphasis in lifelong Developmental Psychology). Dr. Mensie subsequently attended the University of Missouri – St. Louis and earned an MA (2005) and Ph.D. (2008) in Clinical Psychology, with a specialization in Clinical Geropsychology and a Graduate Certificate in Gerontology. She completed her pre-doctoral internship at the Bay Pines VA Healthcare System in Bay Pines, Florida, enjoying top-notch training and the opportunity to live in a vacation area for a year. She returned to St. Louis in 2008 as the first postdoctoral resident in PCMHI at the St. Louis VA Medical Center. Dr. Mensie worked within inpatient and outpatient geropsychiatry at the St. Louis VA for 6 years and currently works in the Community Living Center. She is a member of the St. Louis VA Dementia Committee, Disruptive Behavior Committee, and is a Training Consultant for the National VA ACT-D roll-out. Dr. Mensie attributes much of her longstanding interest in older adults and healthy aging to her amazing grandparents (who were married for over 70 years and who were exemplars of healthy, active living throughout the lifespan). She spends most of her time with her husband, son, and golden retriever (all of whom are lovable, hilarious, and handsome!). Although she would love to claim interest in impressive intellectual and athletic pursuits, she generally spends evenings and weekends bargain-hunting, going for coffee, and spending time with family and friends.

Fred Metzger, Ph.D. (Chief of Psychology, ACOS of Mental Health) Dr. Metzger received his B.S. from the University of Iowa in 1991 and completed his Ph.D. in Health Psychology at the University of Kansas in 1999. He wandered aimlessly in the desert for a while (i.e., he was an intern at the Phoenix Psychology Consortium from 1998 to 1999) and a postdoctoral fellow at the Center for Excellence in Substance Abuse Treatment and Education at the VA Puget Sound Health Care System from 1999 to 2000. While in Seattle, he learned that being upside down in a kayak is no fun. Dr. Metzger spends most of his timing dreaming up new ways to harass psychologists via e-mail but does manage to keep a small clinic active conducting pre-transplant evaluations. His theoretical orientation is largely cognitive-behavioral with a good dash of existentialism. In his free time, Dr. Metzger hikes, spends time with his wife and what are undoubtedly the best two dogs in the known universe. They would have been named the best dog in all the universe were it not for some minor character flaws. Jorgen, the German Shepard mix, appears to be periodically terrified of the kitchen floor, while Molly, the Rottweiler, is a habitual counter surfer who is convinced that the mail person is plotting my grisly demise.

John Neudecker, Ph.D. (Neuropsychology/Community Living Center; Assistant Director of Psychology Training) Dr. Neudecker is a Missouri native, originally from the Fulton area. He earned his B.S. (2001) in Psychology at Truman State University in Kirksville, MO. He

obtained his M.A. (2005) and Ph.D. (2007) in Clinical Psychology at Central Michigan University, which included completion of a doctoral internship on the neuropsychology track at the University of Florida, Gainesville. Dr. Neudecker subsequently completed a 2-year postdoctoral fellowship in keeping with Houston Conference guidelines for neuropsychology with a private practice and two hospital systems in Michigan. Upon postdoc completion, Dr. Neudecker began working for the St. Louis VA as one of two psychologists operating in the Community Living Center at Jefferson Barracks. Primary duties in the CLC include a variety of inpatient assessment procedures (e.g.; cognitive, affective, decisional-capacity) and brief intervention/treatment procedures utilizing a broad cognitive-behavioral perspective. Dr. Neudecker also holds neuropsychological privileges and performs both full and abbreviated neuropsychological assessments in the outpatient neuropsychology clinic on a half-time basis. Dr. Neudecker is married to Audiologist and fellow STL VA employee, Dr. Heather Neudecker. They have two sons. Dr. Neudecker is a member of the International Neuropsychological Society and is currently serving as the Assistant Director of Psychology Training. "Likes" include Autumn, cooking over fire, and testing of limits, while "dislikes" include overpathologizing interpersonal differences, cilantro, and most fruits.

Shawn O'Connor, Ph.D. (OEF/OIF/OND PTSD, a.k.a. PTSD 2) Dr. O'Connor received his B.A. in Psychology from Webster University in St. Louis, MO, where he initially pursued a degree in philosophy, but decided to change his emphasis to a field that might conceivably lead to some form of employment. He worked with homeless persons with mental disorders for a few years, and then went on to pursue his Ph.D. in Clinical Psychology in 2008 at the University of Missouri-St. Louis, working under Dr. Resick, of CPT fame, among others. There, he studied diagnostic issues pertaining to religion and psychosis, and had a lot of experience with trauma during his graduate years. He also formally studied it during this time. He did his internship and post-doctoral work at VA St. Louis Health Care System. Administration determined it may be more cost-effective to hire him than to hire a pest removal service, and so he was made the Team Leader for the OEF/OIF/OND PTSD Clinic. He is also one of the two VISN 15 PTSD Mentors, spreading his cockamamie ideas on PTSD treatment in the VA throughout the region. He is currently in the lead in the St. Louis VA's ongoing "most evidence based psychotherapy certification letters" contest (prize to be determined). He also spends a great deal of time in soundproofed basements, but that's because he is a drummer- not whatever it is that you were thinking.

Kara G. O'Leary, Ph.D. (Mental Health Clinic- John Cochran) Dr. O'Leary earned her undergrad degree at Boston College in Social Psychology, where she gained a love for research. After college, she moved to the San Francisco Bay Area with Jesuit Volunteer Corps, counseling sexual assault survivors, later working for Haight Ashbury Free Clinics. She returned to the East Coast to complete her master's degree at Columbia University, and then her Ph.D. at Long Island University in Clinical Psychology. Her work at the New York State Psychiatric Institute focused largely on brain and behavior research on impulse control disorders, especially substance use and eating disorders. She continued to work in the field of eating disorders when she moved to St. Louis, working on an Interpersonal Psychotherapy-based study with families who are overweight. She was fortunate to match at the STL VAMC for both internship and post-doc in Primary Care Mental Health Integration. After post-doc, she accepted a job at the JC Mental Health Clinic where she enjoys working with veterans with non-combat trauma and substance use disorders using ACT, CPT, and Seeking Safety. Her theoretical orientation is largely based on contemporary interpersonal and psychodynamic theory. Dr. O'Leary is of both Irish and Italian descent, so she enjoys talking, as well as eating and drinking. As an East Coaster and former New Yorker, she is a city-mouse who is glad to be at JC, where good coffee is available within walking distance. In her spare time, she also loves listening to nearly every

kind of music, distance running for her mental health, and going to Tower Grove Park with her husband and three children.

Megan Olson, Psy.D. (Psychosocial Rehabilitation Recovery Center Psychologist) Dr. Olson was born and raised in Alaska. She completed her undergraduate degree at University of Alaska Fairbanks in 2008 and her doctorate at Arizona School of Professional Psychology at Argosy University Phoenix in 2014. She completed her pre-doctoral internship at the Salt Lake City VA Medical Center and a postdoctoral fellowship in the Recovery Programs (PRRC/MHICM) at VA St. Louis HCS. After fellowship, she accepted a job in the PRRC where she enjoys working with veterans with complex and persistent mental health difficulties. As the PRRC psychologist Dr. Olson uses CBT, ACT, CPT, MI, DBT, wellness oriented programming, and recovery oriented cognitive therapy. Her theoretical orientation is largely based on cognitive and interpersonal components but she believes in adapting her approach based on the veteran's needs. Personal interests include hiking, camping, fishing, snorkeling, relaxing on a beach, hosting dinner parties, eating at new restaurants, playing with her dog, learning about other cultures and when possible traveling to different countries.

Amanda Lienau Purnell, Ph.D. (Health Promotion and Disease Prevention, Primary Care) Dr. Purnell completed her B.S in psychology with a minor in biology in 2000. She spent a year in AmeriCorps doing Community Based Health Care, and completed her PhD in Counseling Psychology from *The Ohio State University* in 2007. She came to St. Louis in 2009 after teaching graduate counseling in New York. She has completed extensive training in Motivational Interviewing for health behaviors, but her background training and orientation is interpersonal and multicultural psychotherapy. Her current work is in staff training, coaching, and mentoring in patient-centered health care. She is passionate about promoting preventive health care. Amanda does her best to find moderation and balance, run whenever she can, and occasionally have a moment to just breathe.

Martina K. Ritchhart, Ph.D. (Director of Psychology Training; Primary Care Mental Health Integratio-Belleville, IL CBOC) Dr. Ritchhart completed her doctorate at Oklahoma State University in 2002 after completing predoctoral internship at the Tucson VA Medical Center where her interests in Health Psychology first began. She worked as part of a mobile acute crisis team during her postdoctoral training. Although challenging on a number of levels, she also credits that training with helping her think beyond the immediate or obvious when she meets with veterans in her primary care clinic. Although a slow study, she eventually learned to use the correct 10-codes on a police radio [It's bad to call in your 10-23 (location) and indicate that you are 10-41 (drunk)]. She learned the culture of the Sonoran Desert, both the people and the wild life, and to this day is wary about both wild javelinas and turning her backside toward a Jumping Cholla cactus (which it turns out, is aptly named). She later worked as a faculty member for the Southern Arizona Internship Consortium and had a private practice where she specialized in anxiety disorders. Her clinical work is through an outpatient based primary care clinic in Illinois, where she provides brief consultative interventions, as well as evidence-based therapies for specific disorders. Her predominant theoretical approach is cognitive-behavioral, but please approach her with any interests you may have in the area of wellness, cross-cultural therapy, or the use of Ericksonian approaches in therapy.

David Rowan, Ph.D. (Recovery Programs Manager) Dr. Rowan earned a B.A. in psychology from Grinnell College in Grinnell, Iowa and his PhD in psychology at the Illinois Institute of Technology in Chicago. He completed his internship at Milwaukee County Mental Health Complex, and a postdoctoral fellowship at St. Louis Behavioral Medicine Institute. Prior to joining the VA in 2008, Dr. Rowan was a clinician and program director at St. Louis Behavioral

Medicine Institute. He has been a guest lecturer at the University of Chicago, St. Louis University School of Medicine, and Washington University in St. Louis as well as an instructor at St. Louis University School of Social Work where he has taught Motivational Interviewing. Dr. Rowan is a member of the Motivational Interviewing Network of Trainers and is a VACO consultant for the national Motivational Interviewing/Motivation Enhancement Therapy training initiative. He also provides MI/MET training locally. Personal interests include camping and mountaineering (he has climbed 8 of the Colorado 14ers), baseball (go Cards!), soccer (he plays on a co-ed recreational team), and sitting in a chair on the beach reading fiction. When not hiking, cheering, chasing a ball or lounging, he spends time with his wife and three children watching them play soccer, sing, dance, or build robots out of Legos.

Jessica L. Rusnack, Ph.D. (PTSD Clinical Team) Dr. Rusnack was born in California, but grew up in Okinawa, Japan as the result of being a “military brat.” To be clear, this is not a term specific to her, but one given to children of military families. She earned her B.A. in Psychology from California State University, Stanislaus by putting herself through college working at Costco in the 1-hour photo department. This fed into her love of photography and interest in people, but more importantly, taught her to never photograph something you don’t want someone else to see. She obtained her Ph.D. in Clinical Psychology from the University of Missouri – St. Louis, then completed her pre-doctoral internship at the Michael E. DeBakey VA Medical Center in Houston, TX and her postdoctoral training within the Central Texas Veterans Health Care System at the VA Outpatient Clinic in Austin, TX. It was at the Austin VA that she began to specialize in PTSD; first as the site research coordinator as part of a multi-site VA study researching the effects of Risperidone and military-related PTSD, and then she became the OEF/OIF PTSD Psychologist. As wonderful a city as Austin is, Dr. Rusnack sought to bring her family back to St. Louis to be closer to her in-laws (Yes, this was purposeful as it is possible to have great in-laws). She accepted a position at the St. Louis VA in November of 2008 and continues to work with combat veterans in the PTSD Clinic Team 1, focusing on recovery using evidence based therapy. She is certified in PE, CPT, CBTI, and IBCT and additionally uses an eclectic approach (CBT, ACT, the kitchen sink). Dr. Rusnack has been active in various councils and is currently co-chair of the Cultural Competency Council. On the personal front, she has two adorable and energetic children, which limit her favorite activities of traveling with her husband, going to concerts and the theater (lots of good theater/shows in St. Louis), and other such activities, but her kids have increased her love of photography.

Sarah Shia, Ph.D., ABPP (Mental Health Clinic-Jefferson Barracks) Dr. Shia grew up in the wilds of upstate New York and received her BA from the University of Rochester. She then attended Washington, DC’s Catholic University of America, returning to the snowy north of Rochester for her internship in the Department of Psychiatry at the University of Rochester Medical School. She completed her PhD in Clinical Psychology in 2001. Dr. Shia then migrated to the land of the Arch and later began her position with the VA, in the Mental Health Clinic, in 2007. She is currently the Local Evidence Based Psychotherapy Coordinator and is board certified in Cognitive and Behavioral Psychology. She lives with her husband, daughter, boy-girl twins, and dog-child, Louis the Lab.

Judith Skala, RN, PhD (Palliative Care Interdisciplinary Team) Dr. Skala was born in Chicago and raised primarily in the St. Louis area. She originally worked in hospitals as an NA, then later became an RN, specializing in the care of cardiac patients. She received her BS in Psychology from Washington University and then went on to obtain her MS and PhD from Washington University. She completed her internship at the New Mexico Psychology Internship Consortium with rotations in Behavioral Medicine, Indian Health Service, PTSD, and C/L at the NM University Medical School Hospital. Dr. Skala worked at the Behavioral Medicine

Center at Washington University School of Medicine throughout graduate school and after internship for a total of 17 years. During this time, she organized research projects related to depression and heart disease and also provided psychotherapy for various clinical trials. As the war in Iraq was getting underway, Dr. Skala felt a need to return to the VA System. She rotated between 2 rural CBOCs in Northern NM and Southern CO for 6 years. In 2013, she felt a pull to return to the St. Louis area to assist in the care of her parents. Dr. Skala is a member of Cardinal Nation for many years but considers the Cubs to be her second team. Interests include old movies, Home Run Inn Pizza (Chicago), cooking, running, travel and Mya the Wonder-Dog. Dr. Skala misses the high desert and the smell of mesquite and pinon in the winter.

Rebecca A. Stout, Ph.D. (Primary Care Mental Health Integration-Washington Annex) Dr. Stout completed her Ph.D. in Clinical Psychology with a specialization in health psychology from Wayne State University in 2008. After completing further training in health psychology during internship at the Henry Ford Health Sciences Center and post-doc she joined the clinical faculty in the Department of Psychiatry at the University of Illinois-Chicago. During this time she was able to develop expertise in consultation-liaison services, management of chronic disease, and bariatric surgery evaluation. She was excited to join the staff of the St. Louis VA in January 2013 as Lead Smoking Cessation Clinician for the Health Promotion Disease Prevention Service where she delivered group and individual counseling for smoking cessation, weight management, and bariatric surgery services. She joined the Primary Care Mental Health Integration team in 2015 where she provides consultative services and brief evidenced based psychotherapy. Dr. Stout is very passionate about the field of health psychology and enjoys working at the intersection of psychological and physical health. Dr. Stout spends her off time exploring St. Louis with her young family and traveling back to her home state of Michigan.

Ruth Davies Sulser, Ph.D. (Geropsychology/Rehabilitation; Assistant Chief of Psychology) Dr. Davies Sulser received her Ph.D. in 1988 from Washington University in St. Louis, MO, in Clinical Psychology with an emphasis in Aging. She spent several years working in Behavioral Medicine and then spent four years on the faculty at the University of Missouri, St. Louis before moving to the VA in 1993. She has published in the areas of cognitive/behavioral treatments of insomnia and depression, mental health and aging, and health promotion among older adults. She maintains strong interests in adaptation to age-associated change among older adults. Clinically, she provides individual and couple's psychotherapy to TBI patients in the Polytrauma/TBI Clinic and covers for other staff in the Behavioral Health programs. With two kids in college, Dr. Davies Sulser has developed expertise in stalking Facebook pages, late night skyping calls and the horrors of college tuition. Transplanted from the West Coast, she can tell you all the reasons why baseball is better in the Mid-West, and she is always looking for another great novel to read.

Désirée A. Sutherland, Ph.D. (Military Sexual Trauma Coordinator; Compensation & Pension Psychologist) Dr. Sutherland grew up in Baton Rouge, LA where she was trained from an early age to wrestle alligators and enormous river-dwelling catfish. The courageous spirit that she developed through these formative life experiences allowed her to undertake the questionable course of attending graduate school, and she received her Ph.D. in Clinical Psychology (specialization in Trauma Studies/PTSD) from the University of Missouri – St. Louis in 2011 (where she received extensive training in Cognitive Processing Therapy). Dr. Sutherland completed her internship at the Bruce W. Carter VAMC in Miami, FL and her residency (PTSD specialization) at the VA St. Louis HCS. Following her residency Dr. Sutherland has continued to work as a psychologist at the VA St. Louis HCS (having dazzled Dr. Metzger with harrowing tales of her catfish-wrestling background) in both Compensation &

Pension and as the Military Sexual Trauma Coordinator. As a result Dr. Sutherland has extensive experience with both trauma-focused psychotherapy, focused clinical interviewing, and the VA claims process. In her spare time Dr. Sutherland enjoys hanging out with friends, family, and her two ridiculously adorable welsh corgis. She also dabbles in a variety of creative pursuits and can be caught doodling in meetings from time to time.

Theresa M. Van Iseghem, Psy.D. (Primary Care Mental Health Integration-St. Charles CBOC) Dr. Van Iseghem (aka TVAN) grew up in St. Louis, MO. As the youngest of 7, she was quickly inundated in systems theory and learned from a young age that psychology was her passion. At the age of 18, she escaped the “where’d you go to high school” turf and left for an undergraduate career at Southern Illinois University at Edwardsville. After graduating with a bachelor’s degree in psychology and sociology, she decided to sow her hippie oats by exploring the western half of the USA via van, bicycle, and foot. Realizing she needed more than love and music to sustain her, she decided to return to school and was accepted into a combined Masters/Doctoral program in clinical psychology; first in Chicago and then finally settling into a program through Forest Institute of Professional Psychology. As part of this program, Dr. Van Iseghem also completed a post-graduate certification in Marriage and Family Therapy and continues to integrate systems theory into much of her work today. After graduation, Dr. Van Iseghem completed a two-year, post-doctoral fellowship through Children’s Research Triangle where she was trained in the neurodevelopmental impacts of Fetal Alcohol Exposure as well as in the area of chronic trauma exposure in children. In 2010, hoping to get away from the stress of testing and report writing, Dr. Van Iseghem accepted a contract position at the St. Louis VA where she worked as C&P examiner for 2 years while also working as part of a group practice in West St. Louis County. In 2012, with the belief that, if you build it, they will come, she built a home in St. Charles county where she continues to live with her 7 year old son and 8 year old dog (insert cheesy country western song here). In that same year, she accepted the Primary Care Integration position at the St. Charles CBOC and, since this time, has held down the fort through the practice of balancing both PCMH and traditional MHC needs. Of note, Dr. Van Iseghem is constantly soliciting trainees to join her and there is always much to be done in the STC CBOC. Dr. Van Iseghem is currently researching the efficacy of SMA for effective Diabetes tx and is hoping to expand upon the current literature in the near future. Her most prominent therapy techniques include CBT, Humanistic principles, and interpersonal dynamics rooted in systems theory.

Ryan Walsh, Ph.D. (DR RTP) Dr. Walsh was born and raised in Milwaukee, Wisconsin where he developed a deep appreciation for cheese at a young age. While remaining enthusiastic about cheese, the Green Bay Packers, and other fine Wisconsin products, he completed his BA in Psychology at the University of Wisconsin-Milwaukee in 2005. He spent about a year providing behavior therapy for children with autism prior to moving to St. Louis in 2006. Dr. Walsh received his Ph.D. through the University of Missouri-St. Louis in 2012 (emphasis on Trauma Studies/PTSD), after having successfully completed his internship at the VA St. Louis Health Care System (where he also completed his postdoctoral training with the PTSD Clinical Teams). Due to general awesomeness, superior memory for obscure and unimportant details, and his ability to read minds instantly, he was hired as a staff member at the VA St. Louis Health Care System. He has various interests, though enjoys spending most of his spare time with his family and friends. He considers his dogs to be his children and as a result he often has full (one-sided) conversations with them, and sometimes buys them presents.

Clara Wiegman, Psy.D. (Mental Health Clinic-JC) Dr. Wiegman is a St. Louis native. She received her B.A. in Psychology from Webster University, where she originally pursued a degree in Piano Performance, but soon realized she liked people, and fresh air, too much to

spend 8+ hours a day practicing. She earned her Psy.D. in Clinical Psychology from Xavier University in Cincinnati, Ohio. Having been landlocked all her life, Dr. Wiegman was thrilled to move to the beach for the year and completed her pre-doctoral internship at the Miami VA. She served as a psychologist on the acute inpatient units at Dorothea Dix State Hospital in Raleigh for 2 years prior to accepting a position as the PTSD-SUD specialist in Fayetteville, NC. After 3 years in this role, Dr. Wiegman transitioned into the role of Trauma Recovery Program (TRP) coordinator. Her predominant theoretical orientation is cognitive behavioral, and she is certified in PE and CBT-I. After 13 years away, she is excited to have returned home to join the psychology staff at the St. Louis VA and finally have the opportunity to introduce her husband and 3 boys to the joys of Cardinals baseball!

Daniel Z. Wilkinson, Ph.D. (Primary Care Mental Health Integration-Jefferson Barracks)

Dr. Wilkinson was first interested in psychology as a child after perusing his father's textbooks. While working on his Ph.D. in clinical psychology, he developed interests in medical psychology, geropsychology and in consultation with physicians. This was bolstered by his internship at the Cincinnati VAMC. Following his graduate training, Dr. Wilkinson began work with seriously mentally ill inpatients who were deemed not guilty by reason of insanity or not competent to proceed to trial. Dr. Wilkinson later served as a civilian staff psychologist for the Air Force. In this setting, Dr. Wilkinson performed command-directed evaluations, consulting with commanders about active duty members' fitness for duty and about factors that could impact adjudication of disciplinary and administrative issues. He also provided a full range of psychological services to the active duty population, receiving formal training in prolonged exposure to better serve them. Dr. Wilkinson now serves as a primary care psychologist within a primary care team. His diverse clinical experience and focus on consultation has proved to be a good fit for the dynamic medical environment he now serves in. Dr. Wilkinson has supervised postdoctoral residents and interns. When not on the job, Dr. Wilkinson takes great pride in teaching his children to be nice to the cat (and others) while secretly playing ultra-violent videogames or table top war games after the kids are tucked in. He continues to avoid all reality TV programming by watching the St. Louis Cardinals with his wife and children on an almost nightly basis.

C. Lisette Wise, Psy.D. (Primary Care Mental Health Integration-Jefferson Barracks)

Dr. Wise has lived many places having been raised an Army brat, so she may struggle with telling you where "home" is. Since her father retired to Michigan, she attended Michigan State University for her B.A. in Psychology with an additional Major in Criminal Justice as the darker part of human nature has always been interesting to her. Given her nomadic upbringing, she chose to attend Pacific University located in Oregon for her M.S. and her Psy.D. degrees. Attending school there allowed her to enjoy the beautiful town of Portland where she was able to develop her tastes for fine coffee, great microbrews, locally-grown and sustainable food, yoga, and enjoying the great outdoors by cycling. It was in her 3rd year she learned about, applied for, and was awarded the Health Professions Scholarship Program (HPSP) scholarship, which meant that the United States Air Force paid for 1.5 yrs of her graduate school and in return she was obligated to complete 4-years in the United States Air Force. She completed her internship at Andrews AFB, Home of Air Force One, in Maryland just outside of Washington D.C. Her follow-on assignment was at Joint Base Anacostia-Bolling (JBAB) in D.C., 10-miles around the beltway from where she attended internship. She had 3 addresses in those 4.5 years in the D.C. metro area as she just can't help but move around. While at JBAB, she served as the Mental Health Officer In Charge (OIC), Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program Manager, and as the special referral source for immediate assessment and treatment for the White House Communication's Agency (WHCA). Prior to separating in January 2014, Dr. Wise served in Afghanistan as the Commander of the

Behavioral Science Consultation Team (BSCT) #16 in Parwan Province. She will tell you that this was the most personally and professionally rewarding experience of her military career, and she often now spends her leave time to visit the friends she made while deployed. Between separation and starting out as a PCMHI psychologist in the STL VA, she decided to move to St. Louis where she had no family ties, no friends, and no idea what being a St. Louisan would mean. Since coming on board as a Cognitive Behavioral Therapist with interests in combat-related PTSD, grief, and changing health behaviors with conditions such as diabetes in a primary care setting, she has identified herself as the paperwork bulldog if you have a “red-tape” issue. Luckily, she loves living in St. Louis, and although she might have moved 4 times already since living in this town, she has returned to cycling, yoga, and enjoying great beer and food with friends on the regular.